



Form
IT-40X
Revised 8/00
SF 44405

Indiana Amended Individual Income Tax Return

Year _____

If you are **not** filing for the calendar year January 1 through December 31, enter period from: _____ to: _____

Your first name	Initial	Last name	Social Security Number
If filing a joint return, spouse's first name	Initial	Last name	Social Security Number
Present address (number and street or rural route)			Foreign Country (if applicable)
City		State	Zip Code + 4

Enter the **2-digit county code** numbers for the county where you lived and worked on January 1, _____ (see instructions)

Taxpayer: County where you lived County where you worked **Spouse:** County where you lived County where you worked

Attach a full explanation for filing amended return. Attach all state and federal forms and schedules supporting these changes.

Part I - Income and Exemptions

	A As Shown on Original Return	B Amount of Change	C Correct Amount
1. Indiana adjusted gross income	<input type="text"/>	<input type="text"/>	1 <input type="text"/>
2. Total exemptions	<input type="text"/>	<input type="text"/>	2 <input type="text"/>

Part II - Tax Due

3. State taxable income: line 1 minus line 2	<input type="text"/>	<input type="text"/>	3 <input type="text"/>
4. State adjusted gross income tax: line 3 x 3.4%(.034)	<input type="text"/>	<input type="text"/>	4 <input type="text"/>
5. County income tax: complete Schedule CT-40	<input type="text"/>	<input type="text"/>	5 <input type="text"/>
6. Use tax due on out-of-state purchases	<input type="text"/>	<input type="text"/>	6 <input type="text"/>
7. Household employment tax: attach Schedule H	<input type="text"/>	<input type="text"/>	7 <input type="text"/>
8. Estimated tax applied to next year's account	<input type="text"/>	<input type="text"/>	8 <input type="text"/>
9. Penalty for underpayment of estimated tax	<input type="text"/>	<input type="text"/>	9 <input type="text"/>
10. Total tax due: add lines 4 through 9	Total Tax		10 <input type="text"/>

Part III - Credits

11. Indiana state tax withheld	<input type="text"/>	<input type="text"/>	11 <input type="text"/>
12. Indiana county tax withheld	<input type="text"/>	<input type="text"/>	12 <input type="text"/>
13. Amount of estimated tax paid	<input type="text"/>	<input type="text"/>	13 <input type="text"/>
14. Other credits	<input type="text"/>	<input type="text"/>	14 <input type="text"/>
15. Amount paid on original return			15 <input type="text"/>
16. Total credits: add lines 11 through 15			16 <input type="text"/>
17. Amount previously refunded or requested before contribution to the nongame wildlife fund			17 <input type="text"/>
18. Net credits: line 16 minus line 17	Net Credits		18 <input type="text"/>

Part IV - Refund or Amount Due

19. Refund: If line 18 is greater than line 10, enter the difference here	Your Refund	19 <input type="text"/>
20. Amount Due: If line 10 is greater than line 18, enter the difference here		20 <input type="text"/>
21. Penalty (10% of line 20)		21 <input type="text"/>
22. Interest (see instructions for the rate)		22 <input type="text"/>
23. Total Amount Due (see instruction page for information on how to make your payment) Pay This Amount		23 <input type="text"/>

DD

Signatures are required on the following page

A Are you filing an amended federal return? Yes ☐ No ☐ If yes, attach a copy of your federal Form 1040X.

B You are filing this return as a: ☐ Resident

☐ Full-year nonresident. Enter state of residency

☐ Part-year Indiana resident from to
M M D D Y Y M M D D Y Y

Enter other state(s) of residency during the tax year

Authorization

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I also understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return.

I authorize the Department to discuss my return with my tax preparer. Yes ☐ No ☐

Your Signature Date



Spouse's Signature Date



Your Daytime Telephone Number

Spouse's Daytime Telephone Number

Preparer's name <input type="text"/>		<input type="checkbox"/> Federal I.D. Number, <input type="checkbox"/> PTIN OR <input type="checkbox"/> Social Security Number
Address <input type="text"/>		Preparer's Daytime Telephone Number <input type="text"/>
City <input type="text"/>		
State <input type="text"/>	Zip Code + 4 <input type="text"/>	Preparer's Signature <input type="text"/> Date <input type="text"/>



Enter in this box a detailed explanation of your changes. Attach supporting forms, schedules and other appropriate documentation, such as additional W-2 forms, corrected federal schedules, etc.

If you need assistance in completing this amended return, please call (317) 232-2240, or visit any of the district offices. Mail the completed return to: **Indiana Department of Revenue, 100 North Senate Avenue, Indianapolis, IN 46204-2253**

Keep a copy of your completed return and attachments for your records.